REQUEST

FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Commissioner for Patents
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of information unless it displays a valid OMB control number.	
Application Number	08/533,589
Filing Date	Sept. 25, 1995
First Named Inventor	PALLEY ET AL.
Art Unit	3827
Examiner Name	NIKI ELOSHWAY
Attorney Docket Number	30-3744CPA

This is a Request for Continued Exemined to 1997
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application field prior to June 8. 1. Submission required.
Submission required under 37 CFR 1.114
a. Previously submitted i. Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on
b. 🔀 Enclosed
I. Amendment/Reply II. Affidavit(s)/Declaration(s) iii. Information Disclosure Statement (IDS) Other 2. Miscellaneous
a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17() required)
The state of the 1.17() required)
1.1/(0) is continued by the continued by
Deposit Account No.
ii. Extension of time fee (37 CFR 1.17(e) lii. Other
b. Check in the amount of \$enclosed
C. L. Payment by cradit card
be included on this form may become public. Credit card information should not significant the control of the c
SIGNATURE OF APPLICANT ATTORNEY OR AGENT REQUIRED. Name of the State
Name office 1 191018 SZ 1561 (Andrews) Administration 29.0.9
I hereby certify that this correspondence is being deposited with the United States Postel Service with sufficient postage as first class mail in an Office on the date shown below. Appear on the date shown below.
Tracetry Certry that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an office on the date shown below. Name (Print/Type) Virginia Szigeti (Andrews)
Name (Pintifype) Virginia Szigeti (Andrews)
Burden Hour Statement: This form is delimated to take 0.5 helps to complete. Turne will-fary depending upon the needs of the individual rese. And the PRES OR COMPLETED FORMS TO THIS ADDRESS OF THE CHIEF THE WILL-Fary depending upon the needs of the individual rese.

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